

For the year Jan. 1-Dec. 31, 2009, or other tax year beginning _____, 2009, ending _____, 20

OMB No. 1545-0074

Label (See instructions on page 14.)

Use the IRS label. Otherwise, please print or type.

Presidential Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 14) You Spouse

Label HERE

Your first name and initial: **LISA A** Last name: **BULLOCK** Your social security number: [REDACTED]

If a joint return, spouse's first name and initial: **STEPHEN C** Last name: **BULLOCK** Spouse's social security number: [REDACTED]

Home address (number and street). If you have a P.O. box, see page 14. [REDACTED] Apt. no. _____

City, town or post office, state, and ZIP code. If you have a foreign address, see page 14. **HELENA, MT 59601**

You must enter your SSN(s) above. Checking a box below will not change your tax or refund.

Filing Status

1 Single

2 Married filing jointly (even if only one had income)

3 Married filing separately. Enter spouse's SSN above and full name here. _____

4 Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here. _____

5 Qualifying widow(er) with dependent child (see page 16)

Check only one box.

Exemptions

6a Yourself. If someone can claim you as a dependent, do not check box 6a

b Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) If qualifying child for child tax credit (see page 17)
CAROLINE G	BULLOCK	[REDACTED]	DAUGHTER	X
ALEXANDRIA F	BULLOCK	[REDACTED]	DAUGHTER	X
CAMERON S	BULLOCK	[REDACTED]	SON	X

Boxes checked on 6a and 6b: **2**

No. of children on 6c who: **3**

- lived with you
- did not live with you due to divorce or separation (see page 18)

Dependents on 6c not entered above: _____

Add numbers on lines above: **5**

If more than four dependents, see page 17 and check here

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 **DCB** **7** **130,207.**

8a Taxable interest. Attach Schedule B if required **8a** **68.**

b Tax-exempt interest. Do not include on line 8a **8b** _____

9a Ordinary dividends. Attach Schedule B if required **9a** **1,286.**

b Qualified dividends (see page 22) **9b** **738.**

10 Taxable refunds, credits, or offsets of state and local income taxes **STMT 1 STMT 2** **10** **1,680.**

11 Alimony received **11** _____

12 Business income or (loss). Attach Schedule C or C-EZ **12** **13,734.**

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here **13** **-1,012.**

14 Other gains or (losses). Attach Form 4797 **14** _____

15a IRA distributions **15a** _____ **b Taxable amount** **15b** _____

16a Pensions and annuities **16a** _____ **b Taxable amount** **16b** _____

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E **17** **7,082.**

18 Farm income or (loss). Attach Schedule F **18** _____

19 Unemployment compensation in excess of \$2,400 per recipient (see page 27) **19** _____

20a Social security benefits **20a** _____ **b Taxable amount (see page 27)** **20b** _____

21 Other income. List type and amount (see page 29) **21** _____

22 Add the amounts in the far right column for lines 7 through 21. This is your total income **22** **153,045.**

Adjusted Gross Income

23 Educator expenses (see page 29) **23** _____

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ **24** _____

25 Health savings account deduction. Attach Form 8889 **25** _____

26 Moving expenses. Attach Form 3903 **26** _____

27 One-half of self-employment tax. Attach Schedule SE **27** **970.**

28 Self-employed SEP, SIMPLE, and qualified plans **28** _____

29 Self-employed health insurance deduction (see page 30) **29** _____

30 Penalty on early withdrawal of savings **30** _____

31a Alimony paid **b Recipient's SSN** _____ **31a** _____

32 IRA deduction (see page 31) **32** _____

33 Student loan interest deduction (see page 34) **33** _____

34 Tuition and fees deduction. Attach Form 8917 **34** _____

35 Domestic production activities deduction. Attach Form 8903 **35** _____

36 Add lines 23 through 31a and 32 through 35 **36** **970.**

37 Subtract line 36 from line 22. This is your adjusted gross income **37** **152,075.**

Tax and Credits

38 Amount from line 37 (adjusted gross income) 38 152,075.

39a Check You were born before January 2, 1945, Blind. Total boxes checked 39a
 if: Spouse was born before January 2, 1945, Blind.

b If your spouse itemizes on a separate return or you were a dual-status alien, see page 35 and check here 39b

40a Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40a 35,440.
 If you are increasing your standard deduction by certain real estate taxes, new motor vehicle taxes, or a net disaster loss, attach Schedule L and check here (see page 35) 40b

41 Subtract line 40a from line 38 41 116,635.

42 Exemptions. If line 38 is \$125,100 or less and you did not provide housing to a Midwestern displaced individual, multiply \$3,650 by the number on line 6d. Otherwise, see page 37 42 18,250.

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 98,385.

44 Tax. Check if any tax is from: a Form(s) 8814 b Form 4972 44 16,892.

45 Alternative minimum tax. Attach Form 6251 45 0.

46 Add lines 44 and 45 46 16,892.

47 Foreign tax credit. Attach Form 1116 if required 47 19.

48 Credit for child and dependent care expenses. Attach Form 2441 48 200.

49 Education credits from Form 8863, line 29 49

50 Retirement savings contributions credit. Attach Form 8880 50

51 Child tax credit (see page 42) 51 850.

52 Credits from Form: a 8396 b 8839 c 5695 52

53 Other credits from Form: a 3800 b 8801 c 53

54 Add lines 47 through 53. These are your total credits 54 1,069.

55 Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- 55 15,823.

Other Taxes

56 Self-employment tax. Attach Schedule SE 56 1,940.

57 Unreported social security and Medicare tax from Form: a 4137 b 8919 57

58 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 58

59 Additional taxes: a AEIC payments b Household employment taxes. Attach Schedule H 59

60 Add lines 55 through 59. This is your total tax 60 17,763.

Payments

61 Federal income tax withheld from Forms W-2 and 1099 61 9,345.

62 2009 estimated tax payments and amount applied from 2008 return 62 3,300.

63 Making work pay and government retiree credits. Attach Schedule M 63 758.

64a Earned income credit (EIC) 64a

b Nontaxable combat pay election 64b

65 Additional child tax credit. Attach Form 8812 65

66 Refundable education credit from Form 8863, line 16 66

67 First-time homebuyer credit. Attach Form 5405 67

68 Amount paid with request for extension to file (see page 72) 68

69 Excess social security and tier 1 RRTA tax withheld (see page 72) 69

70 Credits from Form: a 2439 b 4136 c 8801 d 8885 70

71 Add lines 61, 62, 63, 64a, and 65 through 70. These are your total payments 71 13,403.

Refund

72 If line 71 is more than line 60, subtract line 60 from line 71. This is the amount you overpaid 72

73a Amount of line 72 you want refunded to you. If Form 8888 is attached, check here 73a

b Routing number c Type: Checking Savings d Account number

74 Amount of line 72 you want applied to your 2010 estimated tax 74

Amount You Owe

75 Amount you owe. Subtract line 71 from line 60. For details on how to pay, see page 74 75 4,360.

76 Estimated tax penalty (see page 74) 76

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 75)? Yes. Complete the following. No

Designee's name **JUSTIN L. MOSNESS, CPA** Phone no. Personal identification number (PIN)

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature Date Your occupation Daytime phone number

IT PROGRAM MANAGER

Spouse's signature. If a joint return, both must sign. Date Spouse's occupation

ATTORNEY GENERAL

Paid Preparer's Use Only

Preparer's signature **JUSTIN L. MOSNESS, CPA** Date **03/23/10** Check if self-employed Preparer's SSN or PTIN

Firm's name (or yours if self-employed), address, and ZIP code **GALUSHA HIGGINS AND GALUSHA** EIN

P.O. BOX 1699 Phone no.

HELENA, MT 59624-1699